

**Indiana State Police Approved: EPHEDRINE/PSEUDOEPHEDRINE SALES TRACKING Form**  
**I.C. 35-48-4-14.7 requires retailers to see that this form is completed.**

**Business Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **County:** \_\_\_\_\_

You may only purchase **3 grams (3,000 milligrams)** of Ephedrine/Pseudoephedrine or less per transaction **AND 3 grams (3,000 milligrams)** or less per 7 day period. This includes pill and or liquid forms. By signing you affirm that you are at least 18 years of age, and the information you have provided is true and accurate. *Government ID's are not to include Social Security numbers.* Retailer must maintain completed log sheets for two (2) years for law enforcement review.

ID Number & State	Date	Time	Last Name (print)	First Name	Street Address	City	State	Clerk
<b>DL: 0202-46-1234 IN</b>	<b>03/31</b>	<b>10:00 a.m.</b>	<b>Doe</b>	<b>John</b>	<b>1234 Main Street</b>	<b>Terre Haute</b>	<b>IN</b>	<b>mwm</b>
Sign Here: <b>John Doe (Example)</b>					INDICATE TOTAL # OF TABLETS, CAPSULES OR OUNCES PURCHASED:	<b>24</b>	INDICATE MILLIGRAM OR MILLILITER STRENGTH :	<b>30 MG</b>
ID Number & State	Date	Time	Last Name (print)	First Name	Street Address	City	State	Clerk
Sign Here:					INDICATE TOTAL # OF TABLETS, CAPSULES OR OUNCES PURCHASED:		INDICATE MILLIGRAM OR MILLILITER STRENGTH :	
ID Number & State	Date	Time	Last Name (print)	First Name	Street Address	City	State	Clerk
Sign Here:					INDICATE TOTAL # OF TABLETS, CAPSULES OR OUNCES PURCHASED:		INDICATE MILLIGRAM OR MILLILITER STRENGTH :	
ID Number & State	Date	Time	Last Name (print)	First Name	Street Address	City	State	Clerk
Sign Here:					INDICATE TOTAL # OF TABLETS, CAPSULES OR OUNCES PURCHASED:		INDICATE MILLIGRAM OR MILLILITER STRENGTH :	
ID Number & State	Date	Time	Last Name (print)	First Name	Street Address	City	State	Clerk
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ID Number & State	Date	Time	Last Name (print)	First Name	Street Address	City	State	Clerk
Sign Here:					INDICATE TOTAL # OF TABLETS, CAPSULES OR OUNCES PURCHASED:		INDICATE MILLIGRAM OR MILLILITER STRENGTH :	

# INDIANA STATE POLICE EPHEDRINE/PSEUDOEPHEDRINE SALES TRACKING PROGRAM

I.C. 35-48-4-14.7

## LOG SHEET INSTRUCTIONS

**THIS FORM CAN NOT BE ALTERED IN ANY WAY**

Authority, Superintendent Indiana State Police

- Customers may only purchase **3 grams (3,000 milligrams)** or less *per transaction*.
  - Customers may only purchase **3 grams (3,000 milligrams)** or less *per 7 day period*.
  - Log sheets are to be completed by the consumer and signed.
  - Retail sales clerk shall verify consumer's information for accuracy and initial the form.
  - Purchaser must produce a state or federal identification card (e.g. valid driver's license or ID card). **DO NOT USE SOCIAL SECURITY NUMBERS.**
1. **I.D. Number & State:** Write number and state from driver's license or other valid I.D. Government ID's are not to include social security numbers.
  2. **Date/Time:** Write in date and time of transaction.
  3. **Name:** Clearly print purchaser's name.
  4. **Address:** Clearly print address from purchaser's valid I.D.
  5. **Clerk:** Initials of sales person completing log sheet.
  6. **Signature:** Signature of purchaser.
  7. **Total Number of Tablets, Capsules, or Ounces:** Pharmacy personnel or clerk shall indicate the total number of tablets, capsules, or ounces (if liquid) purchased.
  8. **Total Milligram or Milliliter Strength of Product:** Pharmacy personnel or clerk shall indicate the total milligram or milliliter (if liquid) strength of the product purchased. (E.g., 30 mg or 154 ml)

**Retention:** *Completed log sheets shall be maintained for at least two (2) years, and remain at the retail sales location of origin.*